MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (99)

08002

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town E. Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ada Bacon

3. (b) Social Security Number

4. Sex Female

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frank Bacon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown - 1858

8. AGE: Years 58 Months Unknown Days If less than one day ____ hrs. ____ min.

9. Birthplace Accomac Co., Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Catherine Jones

15. Birthplace Virginia

16. Informant Frank Bacon

Address E. Princess Anne. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-6-40 (month) (day) (year)

Cemetery or crematory Chester Cemetery

Location Chester, Pa.

18. Funeral director John A. Brodeban

Address Crisfield Md

19. 7/4, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3d 1940, at 8:28 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/3 1940, to 7/3 1940, and that I last saw her alive on 7/3 1940.

Immediate cause of death Acute Intestinal Obstruction — DURATION 3 days

Due to Sangrene of intestine — 3 days

Due to Thrombosis of mesenteric arteries — 3 days

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations Sangrene of ileum & intestinal obstruction

Of autopsy Thrombosis of mesenteric arteries

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Chas. T. Fisher MD M. D. or other

Address Salisbury, Md Date signed 7/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-f)

08003

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Wicomico
City or town Salisbury Md R F D Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME George R Barkley

3. (b) Social Security Number 219-07 6005

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	Single

6 (b) Name of husband or wife no
6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Nov 3 1918

8. AGE:

Years	Months	Days	If less than one day
21	8	21	hrs. min.

9. Birthplace Snyders Brook Pa. (Town, county, and state)
10. Usual occupation Student Hampton Va.
11. Industry or business no

FATHER
12. Name German Barkley
13. Birthplace Pittsville md

MOTHER
14. Maiden name Ida Warren
15. Birthplace Berlin md

16. Informant Mrs Ida Barkley
Address Salisbury R.F.D. No 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28-1940 (month) (day) (year)
Cemetery or crematory Hanston
Location Salisbury Md

18. Funeral director James F. Stewart
Address Salisbury Md

19. 7/28 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 2 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to July 27 1940, and that I last saw him alive on July 24 1940.

Immediate cause of death	DURATION
Due to Pulmonary Tuberculosis	3 mo. 25
Due to Hemorrhage Effusion	Same time
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

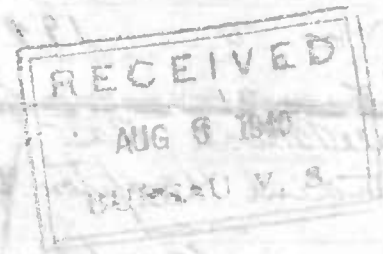
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G H Lemby M D
M. D. or other
Address Salisbury Md Date signed 7/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15


RECEIVED
AUG 6 1940
BUREAU U. S.

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(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

08004

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Thicomico

City or town: Siloam
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 83 years

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Thicomico

City or town: Siloam
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Louis C. Bounds

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Armenia Bounds

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 12, 1856.

8. AGE: Years 83 | Months 10 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace: Thicomico Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business ✓

FATHER
12. Name: Richard Bounds
13. Birthplace: Thicomico Co., Md.

MOTHER
14. Maiden name: Jane Banks
15. Birthplace: Thicomico Co., Md.

16. Informant: O'Brien Bounds
Address: Salisbury, Md. R.D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/3/40 (month) (day) (year)

Cemetery or crematory: Siloam

Location: Siloam, Thicomico Co., Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 7/3, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1940, at 6.05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1938, to July 1 1940 and that I last saw him alive on July 1 1940

Immediate cause of death: Acute Valv. Heart. — DURATION: 3 hrs

Due to: Arteriosclerosis — 2 yrs

Due to: Chr. Int. Nephritis — 3 yrs

Other conditions:
(Include pregnancy within 8 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H O Davis M D
M. D. or other

Address: Salisbury, Md. Date signed 7/3/40

RECEIVED
AUG 6 1940
BUREAU V. S.

1

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08005

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Fruitland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Fruitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Annie Charlotte Cashell

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James H. Cashell
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): June 30, 1860.

8. AGE: Years 80 | Months 0 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace: Stad Point, Wicomico, Md. (Town, county, and state)
10. Usual occupation: At home
11. Industry or business ✓

FATHER
12. Name: Littleton
13. Birthplace: Wicomico Co. Md.

MOTHER
14. Maiden name: Charlotte Williams
15. Birthplace: Wicomico Co. Md.

16. Informant: Merrill H. Cashell
Address: Fruitland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/31/40 (month) (day) (year)
Cemetery or crematory: Methodist
Location: Fruitland, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 7/31, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1940, at 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1940, to July 29 1940, and that I last saw her alive on July 29 1940.

Immediate cause of death: Schlerotic Heart — DURATION: 3 weeks
Due to: Carbon Hitchins — ?
Due to: Chr. Int. Nephritis — ?
Other conditions: Arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: W. O. Dairy MD. M. D. or other
Address: Salisbury Date signed 7/31/40

RECEIVED
AUG 8 1940
BUREAU V. S.

08006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wicomico Hotel
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2744 Winchester St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: John L. Coberth

3. (b) Social Security Number: 215-10-4888

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie M. Bock
6 (c) If alive, give age: 47 years
7. Birth date of deceased (mo., day, yr.): Nov. 25, 1890.

8. AGE: Years 49 | Months 8 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore City
(Town, county, and state)
10. Usual occupation: Auto Salesman ✓
11. Industry or business:
FATHER
12. Name: George M. Coberth
13. Birthplace: Baltimore, Md.
MOTHER
14. Maiden name: Lillian Russell
15. Birthplace: Baltimore, Md.
16. Informant: Mrs. Annie M. Coberth,
Address: 2744 Winchester St., Balto. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/1/40 (month) (day) (year)
Cemetery or crematory: Lauden Park
Location: Baltimore, Md.
18. Funeral director: John O. Mitchell & Sons,
Address: 1900 Eutaw Place, Balto. Md.
19. 7/30, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29th 1940, at 11:30 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/30 1940, to 7/30 1946, and that I last saw him alive on 7/30 1940.

Immediate cause of death: Chronic myocarditis; Duration: not stated. C.W.G.R. Sudden death.
Due to
Due to
Other conditions: Unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

DURATION: ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: Chas. T. Fisher M.D.
M. D. or other
Address: Salisbury, Md. Date signed 7/30/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1940
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08007

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Laura V. Collins

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed

B (b) Name of husband or wife Charley Collins
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1885

8. AGE:

Years	Months	Days	If less than one day
55	4	13	hrs. min.

9. Birthplace Near Pocomoke, Worcester, Md
(Town, county, and state)
10. Usual occupation Practical Nurse
11. Industry or business

FATHER
12. Name James Dryden
13. Birthplace Md

MOTHER
14. Maiden name Mary Brittingham
15. Birthplace Md

16. Informant Mrs. Mary L. Bozman
Address 316 Smith St. Salisbury, Md

17. Burial — Date thereof July 15, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Goodwill Cemetery
Location Near Pocomoke City, Md

18. Funeral director Margarette H. Watson
Address Pocomoke City, Md

19. 7/15/1940 Harold E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 4 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1937 to July 14 1940 and that I last saw her alive on July 14 1940

Immediate cause of death	DURATION
Carcinoma of cervix uteri	18 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; No
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE L. A. Rademaker M.D.
M. D. or other
Address 112 W. Main St. Salisbury, Md. Date signed 7/15/40

RECEIVED
AUG 6 1940
BUREAU V. S.

08008

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico.

City or town Salisbury Md P. G. Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town near Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. F. D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Viola Mae Cooper.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife Noble Cooper

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1906

8. AGE: Years 33 | Months 10 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Willards Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Thomas Lewis.
13. Birthplace Willards Md

MOTHER
14. Maiden name Jennie Smack.
15. Birthplace Newark. Md.

16. Informant Noble Cooper.
Address Willards. Md.

17. Burial.
(Burial, cremation, or removal. Which?)
Date thereof July 13 - 1940 (month) (day) (year)

Cemetery or crematory Coopers

Location near Willards Md.

18. Funeral director Wm. Howard Wells.
Address Pittsville. Md.

19. 7/12 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 1584 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1940, to July 11 1940, and that I last saw her alive on July 11 1940.

Immediate cause of death: Uremia

Due to Chr. Hyperten Diffus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other
Address Salem Date signed 7/12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

08009

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.D. #1.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Augustus B. Coulbourn

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Nettie V. Coulbourn
6(c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) April 7, 1871.

8. AGE: Years 69 Months 2 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace R.D. #1 Salisbury Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm
FATHER 12. Name William H. Coulbourn
13. Birthplace near Snow Hill Md.
MOTHER 14. Maiden name Margaret Gordy
15. Birthplace Sussex County Del.
18. Informant Frank W. Coulbourn
Address 106 Fooke St. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8 1940 (month) (day) (year)
Cemetery or crematory Wi Co. Mem. Park
Location Salisbury Md
18. Funeral director Holloway & C. Walter R. Holloway
Address Salisbury Md
19. 7/8, 1940 Harriet E. Johnson Social Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1940 (1135P) 19 ___, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3, 1940, to July 5, 1940, and that I last saw him alive on July 5 1940.

Immediate cause of death Bowel Obstruction. — DURATION 48 hours
Due to Carcinoma of the colon. ~~Cause~~ Duration unknown.
Due to C.W.G.R.
Other conditions Seven Secondary animia Congestive Heart failure
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of 7-8-40.
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John H. Yeamar M.D. M. D. or other
Address 22 1/2 Camden Ave Salisbury Date signed 7-8-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

08010

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Hicomico
City or town: near Sharptown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 41 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary E. Covington

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Widow

6 (b) Name of husband or wife: George Covington
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 30 - 1863

8. AGE:

Years	Months	Days	If less than one day
77	5	16	hrs. min.

9. Birthplace: Delaware
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business:

FATHER
12. Name: Hamilton Owens
13. Birthplace: Del.

MOTHER
14. Maiden name: Charity E. English
15. Birthplace: Del.

16. Informant: Charity Covington
Address: Sharptown

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18-1940 (month) (day) (year)
Cemetery or crematory: Firemans
Location:

18. Funeral director: Graves & Boos
Address: Sharptown

19. 7/18 1940 (Date rec'd by registrar) Mary R. Danks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from July 1938, to July 16 1940, and that I last saw h[illegible] alive on July 16 1940

Immediate cause of death: Cerebral Hem. overlaps — DURATION: 1 day.

Due to: arterio sclerosis — 10 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur?: (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: T. E. Kuhlman M. D. or other
Address: Sharptown Date signed 7/18/40

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AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

08011

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 721 Camden Ave.
Stay in hospital or inst. (yrs., or mos., or days): V
Stay in this community (yrs., or mos., or days): 61 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 721 Camden Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Walter J. Snyder
3. (b) Social Security Number: V

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Maude L. Snyder
6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): April 23, 1879.

8. AGE:

Years	Months	Days	If less than one day
61	V	15	hrs. min.

9. Birthplace: Wicomico Co., Md. (Town, county, and state)
10. Usual occupation: Tri Cab Operator
11. Industry or business: Fleet owner
FATHER 12. Name: Joshua L. Snyder
13. Birthplace: Wicomico Co. Md.
MOTHER 14. Maiden name: Biddie J. Layfield
15. Birthplace: Wicomico Co. Md.
16. Informant: Lennie Snyder
Address: Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/10/40 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.
19. 7/10, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8, 1940, at 7.45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1940, to July 8, 1940, and that I last saw him alive on July 8, 1940.

	DURATION
Immediate cause of death: Coronary occlusion	
Due to: Coronary sclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dr. John H. Yeaman M. D. or other
Address: Salisbury, Md. Date signed 7/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73rd)

CERTIFICATE OF DEATH

08012

Reg. Dist. No. 332

1. PLACE OF DEATH:
County: Wicomico
City or town: near Pittsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ✓
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: N. Pittsville
(If outside city or town limits, write RURAL and give neurest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Luvisa Jane Dukes

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6.(b) Name of husband or wife: Wm. F. Dukes
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 12 1861

8. AGE: Years	Months	Days	If less than one day
79 yrs	4 mo.	4	..... hrs. 1861 min.

9. Birthplace: near Dumbora, Delaware (Town, county, and state)
10. Usual occupation: house work
11. Industry or business: ✓

FATHER
12. Name: Sharp Mitchell
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Laura D Baker
Address: Salisbury, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17 1940 (month) (day) (year)
Cemetery or crematory: The Mitchell Cemetary
Location: near Dumbora, Delaware

18. Funeral director: Wm. Howard Wells
Address: Pittsville, Md.

19. July 17 1940 (Date rec'd by registrar) Lillian R. Davis Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 16" 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1939, to July 15 1940 and that I last saw h.e.r alive on July 15 1940

Immediate cause of death: Myocarditis Chronic — DURATION: 8 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Grant Lewis Ex. D.
M. D. or other
Address: Wallace Md. Date signed July 19 '40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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AUG 7 1940
BUREAU V. S.

1.

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83x2)

08013

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 112 West Locust

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 76 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 112 West Locust

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Addie J. Elliott

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Josephus Elliott

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): April 26, 1864.

8. AGE: Years 76 | Months 2 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace: Wicomico Co., Md. (Town, county, and state)

10. Usual occupation: At home

11. Industry or business ✓

FATHER

12. Name: Joseph Elliott

13. Birthplace: Wicomico Co., Md.

MOTHER

14. Maiden name: Sallie Davis

15. Birthplace: Wicomico Co., Md.

16. Informant: Clarence C. Elliott,

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7/8/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.,

Address: Salisbury, Md.

19. 7/8, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 5 1940, and that I last saw her alive on July 5, 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE John H. Yeaman M.D. M. D. or other

Address: Salisbury, Md. Date signed 7/7/40

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AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08014

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (61)

County Wicomico — Registration Dist. No. 33

Village or City Near Mardela — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 68 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Loretta Elliott

(a) Residence: No. — St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Widow

5a. If ~~married~~, widowed, or divorced HUSBAND of (or) WIFE of: John Elliott

6. DATE OF BIRTH (month, day, and year): June 28 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	68		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: William Majors

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Hester Russell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Eddie Cooper Sharptown

18. BURIAL, CREMATION, OR REMOVAL

Place: Athol — Date: July 19, 1940

19. UNDERTAKER (Address): Grayson Bros Sharptown

20. FILED July 19/40, 19 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940, to July 17, 1940

I last saw her alive on July 16, 1940; death is said to have occurred on the date stated above, at 6:00 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Nephritis	May 9, 1940

Other **Contributory Causes** of importance:

Diabetes Mellitus
Infection of hip (cellulitis)

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence Merryman M. D.

(Address) Vienna Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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AUG 8 1940
U. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

08015

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County: Wicomico

City or town: Nanticoke Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Nanticoke Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: no (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: George H. Elzy

3. (b) Social Security Number: no

4. Sex: male

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Katie Laws

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1863

8. AGE: Years: 77 about; Months: —; Days: —; If less than one day: hrs. min.

9. Birthplace: Nanticoke (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: no

FATHER

12. Name: John Elzy

13. Birthplace: Nanticoke Md

MOTHER

14. Maiden name: Susan Nutter

15. Birthplace: Nanticoke Md

16. Informant: Mrs Verona Beckett

Address: Philadelphia Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 22-1940 (month) (day) (year)

Cemetery or crematory: Nanticoke

Location: Nanticoke Md

18. Funeral director: James F. Stewart

Address: Salisbury Md

19. July 20 1940 (Date rec'd by registrar) R. Woolford Walter (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-19 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 19 1940, and that I last saw h alive on 19

Immediate cause of death: acute Nephritis — DURATION: 19 days

Due to: Chronic Nephritis — 3 mo.

Due to: Senil Arteriosclerosis — 1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: D Allen Fields M. D. or other

Address: Nanticoke Md Date signed: 7-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

08016

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. 7. D.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. 7 D
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Frederick John Farlow.

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6. (b) Name of husband or wife Della Florence Farlow

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 4, 1868

8. AGE:

Years	Months	Days	If less than one day
72	3	1	hrs. min.

9. Birthplace Pittsville, Md.
(Town, county, and state)

10. Usual occupation Retired car inspector

11. Industry or business Railroad

MOTHER FATHER

12. Name Jos. Farlow

13. Birthplace Pittsville, Md.

14. Maiden name Sarah Farlow.

15. Birthplace Pittsville, Md.

16. Informant Della Florence Farlow

Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-7-40 (month) (day) (year)

Cemetery or crematory Parsons

Location Salisbury, Md.

18. Funeral director Will B. Mason

Address Delmar, Del.

19. 7/7 19 40 Harriet E. Johnson Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/ 1940, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to July 5 1940 and that I last saw h- alive on July 5 1940

Immediate cause of death Myocarditis; Chronic — DURATION ?

Due to Duration: Not stated.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? near Salisbury, Wicomico Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. LeCates M. D. or other

Address Delmar Del. Date signed 7/6/40

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AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08017.

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Sharptown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 81 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary A. Gravenor

3. (b) Social Security Number:

4. Sex: F.

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Benjamin P. Gravenor

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 12 1858

8. AGE: Years: 81 Months: 8 Days: 10 If less than one day: hrs. min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business:

FATHER 12. Name: Osborne Adams

FATHER 13. Birthplace: Upshur

MOTHER 14. Maiden name: Vashti Marine

MOTHER 15. Birthplace: Md

16. Informant: Brooke Zimmerman

Address: 2226 S. Broad St Phila Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23 1940 (month) (day) (year)

Cemetery or crematory: Sharptown

Location:

18. Funeral director: Gravenor Bros

Address: Sharptown

19. 7/23 1940 (Date rec'd by registrar) Mary T. Banks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940 at 11 P M

20. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 14 1940 to July 21 1940 and that I last saw h[illegible] alive on July 21 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 weeks

Due to: Myocarditis — 4 years

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. S. Kuhlman M. D.

M. D. or other

Address: Sharptown Md Date signed 7/23/40

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08018

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke city Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Albert O. Hamilton

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence Hamilton
6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) September 24, 1888

8. AGE: Years	Months	Days	If less than one day
51	10	6	____ hrs. ____ min.

9. Birthplace Semaw, Missouri (Town, county, and state)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name John Hamilton
13. Birthplace Missouri

MOTHER
14. Maiden name Margaret Breadstatter
15. Birthplace Missouri

16. Informant Mrs. Florence Hamilton
Address Pocomoke city, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 1, 1940 (month) (day) (year)
Cemetery or crematory Episcopal Cemetery
Location Pocomoke City, Md

18. Funeral director Margarette H. Watson
Address Pocomoke city, Md

19. 7/31/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1940, at 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/26 1940, to 7/30 1940, and that I last saw him alive on 7/30 1940

	DURATION
Immediate cause of death Crushing Wound of chest	
Due to Automobile accident	4 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Fracture clavicle, fractured ribs & puncture of lung
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 7-26-40
Where did injury occur? Pocomoke City, Worcester, Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Public place
Means of injury Automobile accident Injured at work? No

23. SIGNATURE Chas T. Fisher M.D. Deputy Medical Examiner
Address Salisbury, Md Date signed 7/30/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08019

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Laurel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby, Hastings,

3. (b) Social Security Number

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-1940

8. AGE: Years Still Months born. Days If less than one day hrs. min.

9. Birthplace Salisbury Md. Wicomico (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Lyon Hastings

13. Birthplace Bridgeville Del.

MOTHER 14. Maiden name Hazel G. Whaley

15. Birthplace Laurel Del.

16. Informant Lion Hastings

Address Laurel Del. R.F.D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1940 (month) (day) (year)

Cemetery or crematory Laurel Del.

Location Laurel Del.

18. Funeral director Holloway & Co. Pr. Sheston Holloway

Address 520 E. Church St. Salisbury Md.

19. 7/17, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16- 1940, at 6 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Still born

Due to Difficult labor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. V. Wood M. D. or other

Address Millsboro Del Date signed 7/16/40

RECEIVED
AUG 6 1940
BUREAU V. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (128)

08020

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.B. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 44 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 21 Livingston
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles F. Hastings

3. (b) Social Security Number 214-10-8608

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
8 (b) Name of husband or wife: Ruby C. Hastings
6(c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Nov. 29-1895

8. AGE: Years 44 | Months 7 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace RD - Salisbury Md.
(Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Motor Cars
FATHER 12. Name Thomas N. Hastings
13. Birthplace Concord Del.
MOTHER 14. Maiden name Alice Goslee
15. Birthplace Siloam Md.
16. Informant Charles F. Hastings Jr.
Address 606 Naylor street Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21-40 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 7/21 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940 (2.35 a M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-5- 1940, to 7-19 1940, and that I last saw him alive on 7-18 1940.

Immediate cause of death: Acute pancreatitis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Acute hemorrhagic pancreatitis
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Phil A. Insley M. D. or other
Address Salisbury, Md Date signed 7-19-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

08021

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Near Fruitland Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Penna. R.R. Tracks
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 617. W. Main
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Dale Hastings

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine Hastings
6(c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) Dec. 27. 1908

8. AGE: Years 31 | Months 7 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Salisbury Md. (Town, county, and state)
10. Usual occupation Barber
11. Industry or business
FATHER 12. Name William E. Hastings
13. Birthplace Salisbury Md.
MOTHER 14. Maiden name Blanche V. Daisy
15. Birthplace Sumtow Del.
16. Informant Mrs. Catherine Hastings
Address 617. W. Main st. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30 1940 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md
19. 7/30/40 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28. 1940, at 3 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical 19 to 19 and that I last saw h alive on examiner certificate 19

Immediate cause of death: Compound fractured skull with removal of all brain tissue — DURATION: Instant
Due to
Due to
Other conditions: Fracture of multiple bones
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of July 28, 1940
Where did injury occur? Eden (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Rail road track
Means of injury struck by train Injured at work? No

23. SIGNATURE J. A. Rademaker M.D. Deputy Medical Examiner M. D. or other
Address Salisbury Md Date signed 8-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

08022

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md R.F.D. No 4
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days) Dead on arrival
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Md R.F.D. Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Virgle Harmon

3. (b) Social Security Number no

4. Sex: male
5. Color or race: a a
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Ada Harmon
8 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) July 24 1900

8. AGE: Years 40 | Months 0 | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace Salisbury Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business no

FATHER
12. Name Ross Harmon
13. Birthplace Salisbury Md

MOTHER
14. Maiden name Ida M Harmon
15. Birthplace Salisbury Md

16. Informant Mrs Ada Harmon
Address Salisbury Md R.F.D. No 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 2 - 1940 (month) (day) (year)
Cemetery or crematory Houston
Location Salisbury Md

18. Funeral director James F. Stewart
Address Salisbury Md

19. 8/2, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 10:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___, and that I last saw medical alive on examiner certificate 19___.

Immediate cause of death: Compound fracture of skull

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 7-31-40
Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury Two trucks collided Injured at work? No

23. SIGNATURE L A Rademaker M.D. Deputy Medical Examiner M. D. or other
Address Salisbury, Md Date signed 8/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08023

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico Co

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 307 Winder

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico Co

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 307 Winder

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles H. Hudson

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Nancy Ellen Hudson

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Feb. 15 - 1865

8. AGE: Years: 75 Months: 5 Days: 3 If less than one day: hrs. min.

9. Birthplace: Bishopville Md. (Town, county, and state)

10. Usual occupation: retired

11. Industry or business: Laborer

FATHER

12. Name: Robert Hudson

13. Birthplace: Bishopville Md.

MOTHER

14. Maiden name: Nancy Truitt

15. Birthplace: Bishopville Md.

16. Informant: Robert Hudson

Address: 212 Center st. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21 - 40 (month) (day) (year)

Cemetery or crematory: Parsons Cem

Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 7/21, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 18-1940. (9 20 P M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-7-40 19 , to 7-18 1940, and that I last saw him alive on 7-18 1940.

Immediate cause of death: Acute pulmonary congestion due to Chronic myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Shirley A. Tuckey M. D. or other

Address: Salisbury, Md Date signed: 7-19-40

RECEIVED
AUG 6 1940
BUREAU V. S.

08024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-5)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred: Peninsula General Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Rural, near Allen Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Orlando P. Jones

3.(b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Elizabeth F. Jones

6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 11, 1851.

8. AGE: Years: 88 Months: 11 Days: 3 If less than one day: ..... hrs. ..... min.

9. Birthplace: Sussex Co., Delaware (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Farmer, rural mail carrier

FATHER
12. Name: William B. Jones
13. Birthplace: Sussex Co., Del.

MOTHER
14. Maiden name: Ennalise Leonard
15. Birthplace: Wicomico Co., Md.

16. Informant: P. L. Jones

Address: Rivers Cove, Md. R.D. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/16/40 (month) (day) (year)

Cemetery or crematory: Allen, M.E.

Location: Allen, Md.

18. Funeral director: The Hill & Johnson Co.,

Address: Salisbury, Md.

19. 7/16, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14, 1940, at 4.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2nd 1940, to July 14 1940 and that I last saw him alive on July 14th 1940

Immediate cause of death: Cerebral Embolism — DURATION: 12 days.

Due to: Thrombosis

Due to:

Other conditions: Ch. Myocardial Failure — 3 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: Thos. B. Wheeler M.D. (M. D. or other)

Address: Princess Anne Date signed: 7/16/40

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

08025

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 328 E. Church St., Salisbury, Md.

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): All life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 328 E. Church St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Julia Upshur Langston

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	A. A	married

6 (b) Name of husband or wife: U. Grant Langston

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): 8-10-'75

8. AGE:

Years	Months	Days	If less than one day
64	11	1	____ hrs. ____ min.

9. Birthplace: Salisbury, Wicomico Co. Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: none

FATHER
12. Name: Solomon T. Houston
13. Birthplace: Salisbury, Maryland

MOTHER
14. Maiden name: Annie Maria Cristchett
15. Birthplace: White Haven, Maryland

16. Informant: U. Grant Langston
Address: 328 E. Church St, Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-15-'40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Houston Cemetery - Salisbury, Md.

18. Funeral director: James F. Stewart

Address: 402 E. Church St, Salisbury, Md.

19. 7/15/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11, 1940, at 10:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1938 to July 10 1940, and that I last saw h alive on July 10 1940.

	DURATION
Immediate cause of death: (1) Arterio-Sclerotic Cardio-Vascular disease	several years.
Due to: (2) Gangrene, left leg	
Due to: Thrombosis, left femoral artery	2 weeks
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: A. Wilkins, M.D.
M. D. or other

Address: Salisbury, Md. Date signed: 7/12/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (194)

CERTIFICATE OF DEATH

08026

Reg. Dist. No. 11336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Delmar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. East
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Thomas LeCates

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1940

8. AGE: Years	Months	Days	If less than one day
		17	hrs. min.

9. Birthplace Delmar, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George M. LeCates
13. Birthplace Delmar, Md.

MOTHER
14. Maiden name Mary Ellen Messick
15. Birthplace Salisbury, Md.

16. Informant Geo. M. LeCates
Address Delmar, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-13-40 (month) (day) (year)
Cemetery or crematory M. E. Cemetery
Location Delmar, Del.

18. Funeral director Will S. Hazel
Address Delmar, Del.

19. July 13 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/1940, at 1130 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1940 to July 12 1940 and that I last saw h[illegible] alive on July 12 1940

Immediate cause of death — DURATION

Bright's Disease — 2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. LeCates M. D. or other

Address Delmar Del. Date signed 7/13/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-8)

08027

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 108 Second St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Louisa M Parsons

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a.a.

6.(a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Alexander W Parsons

6(c) If alive, give age about 66 years

7. Birth date of deceased (mo., day, yr.) mar 6 1880

8. AGE: Years 60 Months 4 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Sal Quantico Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business no

FATHER
12. Name Handy Brown
13. Birthplace Quantico Md

MOTHER
14. Maiden name Mary Anderson
15. Birthplace Quantico Md

16. Informant Mrs Georgia Winder
Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23-194 (month) (day) (year)

Cemetery or crematory Houston

Location Salisbury Md

18. Funeral director James F Stewart
Address Salisbury Md

19. 7/23, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to July 19 1940, and that I last saw her alive on July 1 1940.

Immediate cause of death Organic Heart Disease Mitral

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Unknown

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. D. Browne M. D. M. D. or other

Address Salisbury, Md Date signed 7-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08028

1. PLACE OF DEATH (94a)

County Wicomico Registration Dist. No. 337

Village or City White Haven No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Preston If U. S. Veteran, specify WAR

(a) Residence: No. White Haven St., Ward. no social security no.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Preston age 59

6. DATE OF BIRTH (month, day, and year) Sept 11 1879

7. AGE Years 60 Months 10 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Oysterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) mar. 1940

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) White Haven Md

FATHER

13. NAME Thomas Preston

14. BIRTHPLACE (city or town) (State or country) Leonard Town Md

MOTHER

15. MAIDEN NAME Annie M. Peters

16. BIRTHPLACE (city or town) (State or country) White Haven Md

17. INFORMANT (Address) Annie Preston White Haven

18. BURIAL, CREMATION, OR REMOVAL

Place Private Cem. White Haven Md Date , 19

19. UNDERTAKER (Address) Mrs. C. B. Messick & Sons Bivalve Md

20. FILED July 24, 1940 R. Woolford Waller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 23 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from 7-21, 1940, to 7-23, 1940

I last saw him alive on 7-23, 1940 death is said to have occurred on the date stated above, at 7.50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7-23-40

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Allen Field M. D.

(Address) Nanticoke, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 6 1928 BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

08029

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomic

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Salisbury Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2½ hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Delaware County Sussex

City or town Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Pusey, Wm. Jackson

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1922

8. AGE: Years 18 Months 2 Days 18 If less than one day hrs. min.

8. Birthplace Laurel Del
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name William J Pusey
13. Birthplace Laurel Del

MOTHER
14. Maiden name Margrate Records
15. Birthplace Princess Ann Md

16. Informant William J Pusey
Address Laurel Del

17. Burial Date thereof 7/8/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Odd Fellows

Location Laurel Del

18. Funeral director Riggin & Cooper
Address Laurel Del

19. 7/5 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 6:58 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Medical examiner certificate

Immediate cause of death Fractured skull Compound

DURATION 2½ hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7-5-40

Where did injury occur? Laurel (City or town) Sussex (County) Del. (State)

Injured at home, farm, industry, public place (where?) Public highway

Means of injury automobile accident injured at work? No

23. SIGNATURE Sakademaker M.D. Deputy Medical Examiner
M. D. or other

Address Salisbury Md Date signed 7-5-40

RECEIVED
JUL 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08030

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Darnestown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 90 yrs
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montgomery
City or town: Darnestown
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: John Gilles Rayne

3.(b) Social Security Number: —

4. Sex: Male
5. Color or race: W
6.(a) Single, married, widowed, or divorced: widower
6.(b) Name of husband or wife: Margaret Rayne
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): Sept. 18, 1849
8. AGE: Years: 90 Months: 10 Days: 13 If less than one day: hrs. — min.
9. Birthplace: md (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: Barnett Rayne
13. Birthplace: md
MOTHER 14. Maiden name: Julia Davis
15. Birthplace: md.
16. Informant: Edward Rayne
Address: Darnestown
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Aug. 1 1940 (month) (day) (year)
Cemetery or crematory: Farm
Location: Darnestown md.
16. Funeral director: J. W. Burdette
Address: Berlin md.
19. Aug. 1 1940 (Date rec'd by registrar) Lillian R. Davis Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31 1940 at 9:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to date of death 1940
and that I last saw h[illegible] alive on July 31 1940

Immediate cause of death	DURATION
Bronchopneumonia	4 Days
Due to	
Due to	
Other conditions (Hypertension, Arteriosclerotic Chronic) (Include pregnancy within 3 months of death)	

Major findings of operations: —
Date of op. —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Grant R. Lewis M.D.
M. D. or other
Address: Poolesville Md Date signed: July 31 1940

RECEIVED
AUG 7 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

08031

Reg. Dist. No. 11336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County Wicomico

City or town Delmar, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. 7 - 103

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 37 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Del. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R 7 103
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ora Estelle Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas. Robinson

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1874

8. AGE:

Years	Months	Days	If less than one day
65	9	28	hrs. min.

9. Birthplace Vienna, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Wm. Bradley
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Ellen Timmons
15. Birthplace Maryland

16. Informant Chas. Robinson

Address Delmar, Md R 7 103

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Parsons Cem July 25 1940

Location Salisbury, Md

18. Funeral director Mill & Grant

Address Delmar, Del

19. July 25th 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 1939 to July 1940 and that I last saw h[illegible] alive on July 7 1940

Immediate cause of death Carcinomatosis — DURATION ?

Due to Carcinoma of Breast — DURATION ?

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. E. Leatherbury M. D. or other

Address Delmar Del Date signed 7/24/40

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AUG 5 1940
BUREAU V. S.

08032

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md. P.G. Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Near Powellville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charles Richard Sayers

3. (b) Social Security Number

4. Sex Male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Gertrude Sayers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 21 1865

8. AGE: Years 78 Months 0 Days 20 If less than one day ____ hrs. ____ min.

9. Birthplace Near Pittsville Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business None

FATHER

12. Name John E Sayers

13. Birthplace Near Berlin, Md.

MOTHER

14. Maiden name Catherine Esham

15. Birthplace Berlin Md.

16. Informant Burton Chandler

Address Pittsville, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof July 14-1940 (month) (day) (year)

Cemetery or crematory St John Cemetery

Location near Powellville Md.

18. Funeral director Wm Howard Wells

Address Pittsville, Md.

19. 7/12, 1940 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1940, at 5 05 p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to July 11 1940, and that I last saw him alive on July 11 1940.

Immediate cause of death Shock

Due to Fractured left tibia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date 7-9-40

Where did injury occur? Pittsville (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell down stairs Injured at work? No

23. SIGNATURE Lafayette Mitchell Examiner Wicomico Co. M. D. or other

Address Salisbury, Md Date signed 7-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(932)

08033

Reg. Dist. No. 1-336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Delmar Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days): no
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Delmar Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: no R.F.D. No. 1
no (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ella M. Selby

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a.a.	married

6.(b) Name of husband or wife: Andrew Selby
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Aug 12 1871

8. AGE: Years 58 | Months 11 | Days 14 | If less than one day: hrs. min.

9. Birthplace: Salisbury Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: no

FATHER
12. Name: George Williams
13. Birthplace: Delmar Md

MOTHER
14. Maiden name: Emeline Laws
15. Birthplace: Wicomico Md

16. Informant: Mr. Andrew Selby
Address: Delmar Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 31 1941 (month) (day) (year)
Cemetery or crematory: Union
Location: Delmar

18. Funeral director: James F. Stewart
Address: Salisbury Md

19. July 30 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28, 1940, at 1 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to July 27 1940, and that I last saw her alive on July 27 1940.

Immediate cause of death: Chron. Myocarditis — DURATION: Unk
Due to: Arterio-sclerosis — Unk.
Due to:
Other conditions: Hypertension — several yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: G. H. Lemmon M.D.
M. D. or other
Address: Salisbury Md Date signed 7/28/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

08034

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County Nicomico

City or town Mardela Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore Co.

City or town Freeland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Thomas Thornton

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1864

8. AGE: Years 76 | Months 6 | Days 18 | If less than one day hrs. min.

9. Birthplace Marley, A.A.Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Enameling plant

FATHER

12. Name Elijah A. Thornton

13. Birthplace Marley Md.

MOTHER

14. Maiden name Sarah A. Symond

15. Birthplace Baltimore County, Md.

18. Informant Mrs. Carrie M. Harrison

Address Mardela, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/19/40 (month) (day) (year)

Cemetery or crematory Oak Lawn Cem.

Location Baltimore Md.

18. Funeral director Mrs. C. G. Messick & Son's

Address Hebron Md.

19. 7/21/40 19 (Date rec'd by registrar) W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1940 to July 19 1940, and that I last saw him alive on July 19 1940.

Immediate cause of death Interstitial Nephritis Uremia Coma

DURATION 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. S. Kuhlman M.D. M. D. or other

Address Sharptown Md Date signed 7/20/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

08035

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITEIR CORPORATE LIMITED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 612 S. Division

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 612 S. Division

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry Wise Townsend

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Townsend

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Sept. 11. 1860

8. AGE: Years: 79 Months: 10 Days: 19 If less than one day: hrs. min.

9. Birthplace: R.F.D. Snow Hill Md (Town, county, and state)

10. Usual occupation: retired Farmer

11. Industry or business: and Lumber man

FATHER

12. Name: Thomas Townsend

13. Birthplace: R.F.D. Snow Hill Md

MOTHER

14. Maiden name: Laura Smith

15. Birthplace: Pittsville Md.

16. Informant: Mrs Mamie C. Pusey

Address: 612 S. Div. St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1 1940 (month) (day) (year)

Cemetery or crematory: Parsons Cem.

Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 8/1 (Date rec'd by registrar) 1940 Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30-1940 19 (3:45 a.m.)

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Summer of 1939, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death: Arteriosclerotic cardio-vascular disease

DURATION: 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. W. Kiess, M.D. M. D. or other

Address: Salisbury, Md. Date signed: 7/31/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

08036

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING (S)

1. PLACE OF DEATH:

County Wicomico

City or town P G Hospital Salisbury Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Near Powellsville Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Infant Truitt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 28 - 1940

8. AGE: Years — Months — Days — If less than one day ..... hrs. ..... min.

Stillborn

9. Birthplace Salisbury P G Hospital

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Elmer Truitt

13. Birthplace Powellsville Md

MOTHER 14. Maiden name Sadie Truitt

15. Birthplace Powellsville Md

16. Informant Elmer Truitt

Address Powellsville Md R 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 1940 (month) (day) (year)

Cemetery or crematory Perdue Cemetary

Location Near Powellsville Md

18. Funeral director Wm Howard Wells

Address Pittsville Md

19. 7/29 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1940 at 4:29 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/28 1940 to 7/28 1940

and that I last saw h alive on 7/28 1940

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

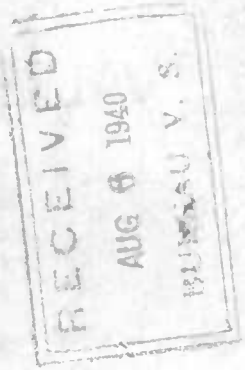
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hiram R Mann M. D. or other

Address Salisbury Md Date signed 7/28/40

Please Sign



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08037

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 1 day.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset.

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hester Jean Tull

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1940

8. AGE: Years | Months 5 | Days 15 | If less than one day hrs. min.

9. Birthplace Md. Som. Co.

(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name W. H. Brown

13. Birthplace

MOTHER 14. Maiden name Mrs. Reta Smith (married name)

15. Birthplace Md.

16. Informant P. G. Hospital

Address Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/1/40 (month) (day) (year)

Cemetery or crematory Somerset county Alms

Location House, Mt Vernon Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. 8/6 1940 Harriet E. Johnson Local Registrar

(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30- 1940, at 12:34 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-23- 1940, to 7-30- 1940, and that I last saw h[illegible] alive on 7-30- 1940.

Immediate cause of death	DURATION
Infectious duodenitis	3 wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Brown M.D.

M. D. or other

Address Salisbury Md. Date signed 8/1/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

08038

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 weeks

Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: North Carolina County: Rowan

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 717 West Eleventh
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ralph L. Wagner

3. (b) Social Security Number: 463-09-2729

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Lee Wagner

6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1895

8. AGE: Years: 42 | Months: 8 | Days: 13 | If less than one day: hrs. min.

9. Birthplace: Richfield, Stanly, North Carolina
(Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: Brick Mason

FATHER
12. Name: William A. Wagner
13. Birthplace: Richfield, North Carolina

MOTHER
14. Maiden name: Martha Colp
15. Birthplace: Richfield, North Carolina

16. Informant: Lonnie A. Wagner,
Address: Seaford, Delaware.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7/22/40 (month) (day) (year)

Cemetery or crematory: Chestnut Hill

Location: Salisbury, North Carolina.

18. Funeral director: Re Hill & Johnson E.,
Address: Salisbury, Md.

19. 7/20, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30th 1940, to July 19 1940, and that I last saw him alive on July 19th 1940.

Immediate cause of death: Myocarditis — DURATION: 3 weeks

Due to: Pleuro-Pneumonia — 2 weeks

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Chas. T. Fisher M.D.
M. D. or other

Address: Salisbury Md. Date signed: 7/20, '40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08039

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore T.B. Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 27 days

Stay in this community (yrs., or mos., or days): 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Ocean City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: [illegible]
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Charles H. Wainwright

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	widowed

6 (b) Name of husband or wife: Josephine Wainwright

deceased — 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 11, 1870

8. AGE:

Years	Months	Days	If less than one day
70	0	11	____ hrs. ____ min.

9. Birthplace: Berlin Worcester Co. Md.
(Town, county, and state)

10. Usual occupation: carpenter

11. Industry or business

FATHER — 12. Name: Ebenezer Wainwright

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Hester Jarvis

MOTHER — 15. Birthplace: Maryland

16. Informant: deceased on admission

Address: Ocean City

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25, 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: Berlin Md.

18. Funeral director: J. W. Burbage

Address: Berlin Md.

19. 7/23 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1940, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/25/40 19__, to 7/22/40 19__, and that I last saw h-- alive on 7/21/40 19__.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions: Syphilis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Paul Glen M.D.
M. D. or other

Address: Salisbury Md. Date signed 7/22/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08040

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Manokin, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural (Jamestown)
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Aguinaldo Weatherly

3. (b) Social Security Number

4. Sex: Male
5. Color or race: Col.
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife ~~[illegible]~~
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) August 28, 1903

8. AGE: Years 36 | Months 10 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Manokin Md. (Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Harvey Weatherley
13. Birthplace Princess Anne Md.
MOTHER 14. Maiden name Florence Allen
15. Birthplace Princess Anne Md.
16. Informant Laura Vere Wainright
Address 105 Third St. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/18/40 (month) (day) (year)
Cemetery or crematory Jamestown Cem.
Location Manokin Md.
18. Funeral director Mrs C. G. Merrick & Sons
Address Hebron Md.
19. 7/18, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/40 19____, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/13, 1940 to 7/15 1940 and that I last saw him alive on 7/15 1940.

Immediate cause of death Crushed chest, Hemorrhage from liver and stomach — Duration 2 days
Due to Auto accident
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Hemorrhage from liver and stomach
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 7/13/40
Where did injury occur? Westover (City or town) Somerset (County) Md (State)
Injured at home, farm, industry, public place (where?) State Road
Means of injury Auto — Injured at work? no

23. SIGNATURE Henry R. Mann M. D. or other
Address Salisbury Md. Date signed 7/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

08041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

(M)

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 904 Railroad Ave.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 904 Railroad Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: James Roscoe White

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Aug. 6, 1876

8. AGE: Years: 63 Months: 11 Days: 21 If less than one day: hrs. min.

9. Birthplace: Whiton, Worcester Co.
(Town, county, and state)

10. Usual occupation: Mill Operator

11. Industry or business: Lumber

FATHER
12. Name: Edward White
13. Birthplace: Worcester Co., Md.

MOTHER
14. Maiden name: Mary C. Burbage
15. Birthplace: Worcester Co., Md.

16. Informant: S. King White,
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/29/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 7/29, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27, 1940, at 2 a. M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Medical Examiner to Cathedrale 19 and that I last saw h alive on 19

Immediate cause of death: Coronary sclerosis & occlusion — DURATION: Instantaneous

Due to

Due to

Other conditions: Acute Indigestion — 2 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L. A. Rademacher M.D.
Deputy Medical Examiner
Wicomico Co. M. D. or other
Address: Salisbury Md Date signed 7/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-1)

CERTIFICATE OF DEATH

08142

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hospital
Stay in hospital or inst. (yrs., or mos., or days): 7 days
Stay in this community (yrs., or mos., or days): 51 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Fruitland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Viola Hopkins Hitch

3. (b) Social Security Number: 218-05-8689

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Augustus White
6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): April 14, 1889.

8. AGE:

Years	Months	Days	If less than one day
51	3	17	hrs. min.

9. Birthplace: Wicomico Co., Md.
(Town, county, and state)
10. Usual occupation: Employee
11. Industry or business: Canning factory
FATHER 12. Name: Alexander H. Hopkins
13. Birthplace: Wicomico Co., Md.
MOTHER 14. Maiden name: Sallie Jones
15. Birthplace: Wicomico Co., Md.
16. Informant: Augustus White,
Address: Fruitland, Md.
17. Burial, cremation, or removal. Which?: Burial Date thereof: 8/7/40 (month) (day) (year)
Cemetery or crematory: Siloam Methodist
Location: Siloam, Md.
18. Funeral director: Ed Hill & Johnson Co.,
Address: Salisbury, Md.
19. 8/2, 1940 (Date rec'd by registrar) Harriet E. Johnson Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31, 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-2 1939, to 7-31 1940, and that I last saw h[illegible] alive on 7-31-40 19[illegible].

Immediate cause of death	DURATION
Intestinal obstruction	
Due to Adhesions. Primary sarcinoma of	
Ovary. Duration eighteen months.	
Due to Pelvic carcinoma cured	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Philip A. Stanley M.D.
M. D. or other
Address: Salisbury, Md. Date signed 8-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

08043

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (M) (I) (T)

1. PLACE OF DEATH:
County Wicomico Co
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.B. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 23 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 107 N. Y. Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Samuel Wilson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Julia A. Wilson
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug. 16 1870

8. AGE: Years 69 | Months 10 | Days 20 | If less than one day: hrs. min.

8. Birthplace Deal Island Md.
(Town, county, and state)

10. Usual occupation House Painting Contractor

11. Industry or business House Painting

FATHER 12. Name John Milligan Wilson
13. Birthplace Deal Island Md.

MOTHER 14. Maiden name Elizabeth S. Blake
15. Birthplace Fairmount Md.

16. Informant Mrs. Geo. Wm. Tilghman
Address 204 Elizabeth St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8 1940 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md

18. Funeral director Hollowell & Co. Walter R. Hollowell
Address Salisbury Md.

19. 7/8 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 (12:30 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 6 1940, and that I last saw him alive on July 6 1940.

	DURATION
Immediate cause of death Uraemia	6
Due to Chronic Nephritis	2
Due to	
Other conditions Hypertrophied heart dis.	2

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Brewer M. D.
M. D. or other
Address Salisbury Md. Date signed July 8

RECEIVED
JUL 22 1940
BUREAU V. S.

08044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Hargo
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 78 years

Hospital, Institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Hargo
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Priscilla H. Kimbrow

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single ✓

6.(b) Name of husband or wife

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1861.

8. AGE: Years 78 | Months 6 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace: Hargo, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER
12. Name: John T. Kimbrow
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Nancy S. Tubbs
15. Birthplace: Sussex Co., Del.

16. Informant: Mrs. Lillie M. Kimbrow,
Address: Parsonsburg, Md. R.D. 1

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7/2/40 (month) (day) (year)

Cemetery or crematory: Hargo

Location: Hargo, Wicomico Co., Md.

16. Funeral director: W. Hill & Johnson Co.,
Address: Salisbury, Md.

19. July 2, 1940. (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1, 1940, at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1, 1940, to date of death and that I last saw her alive on July 1, 1940.

Immediate cause of death: Bronchio-pneumonia — DURATION: 2 dys.

Due to: —

Due to: —

Other conditions: Myocarditis (Chronic) — 5 yrs
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE: Frank R. Lewis M.D.
M. D. or other

Address: Willards Md. Date signed: 7/2/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08045

Reg. Dist. No. 11 336

1. PLACE OF DEATH:

County Talbot

City or town Delmar, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Maryland Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Keith Wright

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John A. Wright

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Aug 8 1867

8. AGE: Years 75 | Months 11 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Seaford, Del.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name H. F. Harper

FATHER 13. Birthplace Delaware

MOTHER 14. Maiden name Mary Polk

MOTHER 15. Birthplace Delaware

16. Informant John A. Wright

Address Delmar, Del.

17. (Burial, cremation, or removal. Which?) Burial Date thereof 7/23/40 (month) (day) (year)

Cemetery or crematory Odd Fellows Cemetery

Location Seaford, Del

18. Funeral director Will S. Hearn

Address Delmar, Del

19. July 23 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21/1940, 9:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to July 21 1940, and that I last saw h[illegible] alive on July 21 1940.

	DURATION
Immediate cause of death Uremic Coma	2 days
Due to Chronic Nephritis	
+ Chronic Myocarditis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Lynch M. D. or other

Address Delmar Date signed July 23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.